HEALTH INSURERS

| COMPANY NAME: | | NAIC Company Code: |
|-----------------------------------|---------------|-----------------------------------|
| Contact: | | Telephone: |
| REQUIRED FILINGS IN THE STATE OF: | New Hampshire | Filings Made During the Year 2004 |

| (1) Check- | (2) Line | (3) | (4) NUMBER OF COPIES* | | | (5) | (6) FORM | (7) APPLICABLE |
|---------------|-------------|---|--------------------------|----------|----------|---------------------------|--------------|---|
| list | # | REQUIRED FILINGS FOR THE ABOVE STATE | Domestic Foreign | | | DUE DATE | SOURCE** | NOTES |
| | | | State | NAIC | State | | | |
| | 1 | I. NAIC FINANCIAL STATEMENTS | 2 | 1 | 2 | 2/1 | NAIG | |
| | 1.1 | Annual Statement (8 ½"X14") Printed Schedule A detail | 3 | 1 | 3 xxx | 3/1 | NAIC NAIC | |
| - | 1.1 | Printed Schedule A detail | 3 | 1 | XXX | 3/1 | NAIC | - |
| | 1.3 | Printed Schedule BA detail | 3 | 1 | XXX | 3/1 | NAIC | + |
| | 1.4 | Printed Schedule D – Parts 1-6 detail (excluding Part 1A) | 3 | 1 | XXX | 3/1 | NAIC | |
| | 1.5 | Printed Schedule DA – Part 1 detail | 3 | 1 | XXX | 3/1 | NAIC | |
| | 1.6 | Printed Schedule DB detail | 3 | 1 | XXX | 3/1 | NAIC | |
| | 1.7 | Printed Schedule E – Part 1 detail | 3 | 1 | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 3 | 1 | 3 | 5/15, 8/15, 11/15 | NAIC | |
| - | | II. NAIC SUPPLEMENTS | | | | | | |
| | 10 | Actuarial Certification | 3 | 1 | 3 | 3/1 | Company | |
| | 11 | Investment Risk Interrogatories | 3 | 1 | XXX | 4/1 | NAIC | |
| | 12 | Long-term Care Experience Reporting Forms | 3 | 1 | XXX | 4/1 | NAIC | |
| | 13 | Management Discussion & Analysis | 3 | 1 | 3 | 4/1 | Company | |
| | 14 | Medicare Supplement Insurance Experience Exhibit | 3 | 1 | xxx | 3/1 | NAIC | |
| | 15 | Risk-Based Capital Report (bound or stapled) | 1 | 1 | xxx | 3/1 | NAIC | Mail under separate cover and mark "confidential" |
| | 16 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | Mail under separate cover and mark "confidential" |
| | 17 | SVO Compliance Certification | 3 | 1 | 3 | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 30 | Annual Statement Electronic Filing | XXX | 1 | XXX | 3/1 | NAIC | |
| | 31 | March .PDF Filing | XXX | 1 | XXX | 3/1 | NAIC | |
| | 32 | Risk-Based Capital Electronic Filing | xxx | 1 | N/A | 3/1 | NAIC | |
| | 33 | Supplemental Electronic Filing | XXX | 1 | xxx | 4/1 | NAIC | |
| | 34 | Supplemental .PDF Filing | XXX | 1 | XXX | 4/1 | NAIC | |
| | 35 | June PDF Filing | XXX | 1 | XZX | 6/1 | NAIC | |
| | 36 | Quarterly .PDF Filing | XXX | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 37 | Quarterly Statement Electronic Filing | XXX | 1 | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | | IV. AUDITED FINANCIAL STATEMENTS | | | | | | |
| - | 51 | Accountants Letter of Qualifications | 3 | N/A | N/A | 6/1 | Company | |
| - | 52 | Audited Financial Statements | 3 | N/A 1 | 3 | 6/1 | Company | + |
| | 53 | Audited Financial Statements Exemption Affidavit | 3 | N/A | N/A | 6/1 | Company | |
| | 54 | Designation of Independent CPA | 3 | N/A | N/A | 6/1 | Company | |
| | 55 | Notification of Adverse Financial Condition | 3 | N/A | N/A | 6/1 | Company | |
| | 56 | Report of Significant Deficiencies in Internal Controls | 3 | N/A | N/A | 6/1 | Company | |
| | 57 | Request for Exemption to File | 3 | N/A | N/A | 5/21 | Company | |
| | 58 | Internal Control Letter | 3 | N/A | 3 | 6/1 | Company | |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Filings Checklist (with Column 1 completed) | 1 | N/A | 1 | 3/1 | State | |
| | 102 | Premium tax | 1 | N/A | 1 | 3/15 | State | Available at www.state.nh.us/insurance, under companies |
| | 103 | State Filing Fees | | N/A | | | State | |
| | 104 | | | | | | | |
| | 105 | | | | | | | |
| | 106 | | | | | | | |
| | 107 | | | | | | | |
| <u> </u> | 108 | | | | | | | |
| | 109 | | Ì | | | | | |

^{*}If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

^{**}If Form Source is NAIC, the form should be obtained from the appropriate vendor.

| | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
|---|---|---|
| A | Required Filings Contact Person: | Domestic – Patricia Gosselin Pat.Gosselin@ins.nh.gov Foreign – Mary Verville Mary.Verville@ins.nh.gov Taxes – Janet Colby Janet.Colby@ins.nh.gov |
| В | Mailing Address: | 56 Old Suncook Rd., Concord NH 03301 |
| С | Mailing Address for Filing Fees: | 56 Old Suncook Rd., Concord NH 03301 Attn: Janet Colby |
| D | Mailing Address for Premium Tax Payments: | 56 Old Suncook Rd., Concord NH 03301 Attn: Janet Colby |
| Е | Delivery Instructions: | Premium Taxes must be mailed separately from Annual Statement filings. Postmark is accepted |
| F | Late Filings: | Taxes – contact Janet Colby Annual Statement – company will be fined \$25 per day for a late filing. Company's license may be suspended. |
| G | Original Signatures: | Original signatures required on all filings from domestic companies. Tax forms must have original signatures |
| Н | Signature/Notarization/Certification: | Annual Statements and Premium Tax form must be notarized |
| I | Amended Filings: | |
| Ј | Exceptions from normal filings: | Foreign companies must supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date. |
| K | Bar Codes (State or NAIC) | N/A |
| L | NONE Filings: | |
| M | Filings new, discontinued or modified materially since last year: | |
| | | |
| | | |

General Instructions

For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The Annual Statement Electronic Filing includes the annual statement data and all supplements due March 1, per the Annual Statement Instructions. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules, Officers and Directors Information and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplemental .PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The Quarterly Electronic Filing includes the complete quarterly filing and the PDF files for all quarterly data.

The *Quarterly .PDF Filing* is the .pdf file for quarterly statement data.

The June .PDF Filing is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (E) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions

(generally, on the state web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.